

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017531

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

1067

FILED APR 25 1962

1. PLACE OF DEATH

a. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN JEFFERSON BARRACKS, MO.

Length of stay in 1b
6 hrs...40min.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY

c. CITY OR TOWN ST. LOUIS

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION VET. ADMIN. HOSPITAL

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS 2831 A. EASTON AVE. (If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last
WILLIAM NMI JOHNSON

4. DATE OF DEATH
Month Day Year
4-1-62

5. SEX MALE

6. COLOR OR RACE NEGRO

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10-6-06

9. AGE (last birthday) 55 YEARS

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
JANITOR

10b. KIND OF BUSINESS OR INDUSTRY
U.S. GOVERN. EMPL.

11. BIRTHPLACE (City and state or country)
ST. LOUIS, MO.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

DENIS JOHNSON

13b. MOTHER'S MAIDEN NAME

FANNY GODDAR

14. NAME OF HUSBAND OR WIFE

MAVIS JOHNSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service)
YES (unknown) WW-II

16. SOCIAL SECURITY NO.

MAVIS JOHNSON-Wife-

Address

2831A Easton Ave., St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

COR PULMONALE

INTERVAL BETWEEN ONSET AND DEATH
3 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

CHRONIC BRONCHITIS

16 YEARS

DUE TO (c)

PULMONARY EMPHYSEMA, OBSTRUCTIVE

10 YEARS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

GENERAL ARTERIOSCLEROSIS

502.0

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. Resided the deceased from 4-1-62 to 4-1-62.
Death occurred at 6:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Paul M. Schellhouse, M.D.
Paul M. SCHELLHOUSE, M.D.

22b. ADDRESS

VET. ADMIN. HOSP., JEFF. BRKS., MO.

22c. DATE SIGNED

4-1-62

23a. BURIAL, CREMATION, REPOVAL (Specify)

23b. DATE 4-6-62

23c. NAME OF CEMETERY OR CREMATORY National

23d. LOCATION (City, town, or county) Jefferson Barracks, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Ellis Funeral Home, Inc. 2820 Stoddard St.

25. DATE RECD. BY LOCAL REG. 4-3-62

26. REGISTRAR'S SIGNATURE

John B. Murphy, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Fulton E. Culkin

Licensed Embalmer No. 4198

P. O. Address St Louis 13 MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.